## Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935

for this examination.

Madison, WI 53708-8935

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## DIVISION OF PROFESSIONAL CREDENTIALING

## REQUEST TO RETAKE STATUTES AND RULES OR ETHICS EXAMINATION

The Department regrets to inform you that you were unsuccessful on the Wisconsin Statutes and Rules or Ethics Examination.

You may apply to retake the failed examination by completing the lower portion of this form. Return this form and department fee. The Department will notify you of your eligibility to test. Your form and fee must be received by the Department before eligibility can be granted. Once you are made eligible, an authorization to test (ATT) will be made available on your application status checksheet at http://drl.wi.gov. If we do not receive your request and fee to retake, you will not be scheduled as a candidate

| REQUEST TO RETAKE EXAMINATION (Please PRINT or TYPE) Name:                                |                                       |
|---|---------------------------------------|
| Street/PO Box:  |                                       |
| City, State, Zip:   |                                       |
| Phone (Residence)   | Phone (Business)                      |
| Application ID #:   |                                       |
| List the profession you are applying for:   |                                       |
| Signature:  | Date:                                 |
| RETAKE FEE:   | For Receipting Use Only               |
| Statutes and Rules or Ethics Examination \$ 57.00* R                                      | Retake Fee                            |
| TOTAL FEE \$  |                                       |
| * MAKE CHECKS PAYABLE TO DEPTARTMENT OF REGULAL LICENSING AND ATTACH TO THIS APPLICATION. | ATION AND                             |
| MAIL TO: Department of Regulation & Licensing PO Box 8935 Madison WI 53708-8935           |                                       |
| #2699 (3/05)<br>Ch. 440.05(1), Wis. Stats.  | portunity in Employment and Licensing |